

REGISTRATION CHECKLIST (School Choice Out)

Dear Parent/Guardian:

Please contact the registrar at the school your student will be attending for enrollment times and availability. Listed below are the items that are required for valid enrollment in the Woodbridge School District.

Required Paperwork
<ol style="list-style-type: none"> 1. Valid Photo ID of parent/legal guardian 2. Student's Birth Certificate 3. Proof of residency <p style="text-align: center;"><u>If Applicable:</u></p> <ol style="list-style-type: none"> 4. Student's IEP 5. Student's 504 Plan 6. Custody, guardianship, or caregiver papers

***Two Proofs of District Residency – Parent, legal guardian or relative caregiver of potential student are required to provide TWO proofs of residency. The proofs of address must contain the name and address of the parent, legal guardian, or relative caregiver. Addresses on each proof of residence MUST be the same.**

Two Proofs of Residency within the past 60 days is required.
<ol style="list-style-type: none"> 1. Valid Driver's License or Government issued photo id (must contain residency address) 2. An original electric, gas, cable, internet, or landline bill that is within 60 days. 3. Car registration 4. Automobile insurance policy 5. Current voter registration card 6. Rental insurance policy 7. Homeowner's insurance policy 8. Most current year's tax documents 9. Pay check or pay stub (within 60 days) 10. Notarized letter from employer stating the registrant is their employee with the address on file. 11. Two consecutive bank statements prior to date of registration. 12. Official Post Office change of address label on envelope. 13. Official letter from a DE State agency such as DHSS, DFS, Dept. of Labor, etc. 14. Copy of recent month's mortgage statement 15. Copy of home settlement statement 16. Copy of Deed to property 17. Rental Agreement (must be dated within a year)

If living in a Residence of another person:

The parent/legal guardian/relative caregiver must provide **notarized** owner/leaseholder proof of residency at the time of registration by completing the Occupancy Verification Form.

Woodbridge Early Childhood Education Center	Phillis Wheatley Elementary School	Woodbridge Middle School Grades 6-8	Woodbridge High School Grades 9-12
Grades EC-2 P.O. Box 2007 Greenwood, DE 19950 302-349-4539 FAX 349-1413	Grades 3-5 48 Church Street Bridgeville, DE 19933 302-337-3469 FAX 337-6016	307 Laws Street Bridgeville, DE 19933 302-337-8289 FAX 337-0631	14712 Woodbridge Rd. Greenwood, DE 19950 302-232-3333 FAX 349-0237

For Office Use Only: Student Id: _____	Choice? Y / N _____	Resident School: _____
<h2 style="margin:0;">WOODBRIAGE SCHOOL DISTRICT</h2> <h3 style="margin:0;">ENROLLMENT FORM</h3>		
Date of Enrollment: _____		Grade: _____
STUDENT INFORMATION		
Student's Legal Name: (First, Middle, Last, Suffix) _____		
Gender: M F (Circle One)	Ethnic Group Please Answer Both Parts	
Date of Birth: _____	1. HISPANIC? Circle YES or NO	
Place of Birth (City, State) _____	2. RACE: Circle all that apply	
Social Security #: _____	Asian	
Primary Phone# (USED FOR AUTOMATED DIALER) () - _____	Black or African American	
Has student ever attended a DELAWARE public school? Y / N	Native Hawaiian or Other Pacific Islander	
School Previously Attended: _____	American Indian or Alaska Native	
City: _____ State: _____	White	
ADDRESS INFORMATION		
Students Mailing Address: _____	Student's Physical/911 Address: (Where the student lives) _____	
TRANSPORTATION		
Name and Physical Address of AM Pick-Up: (To School) _____	Name and Physical Address of PM Drop Off: (From School) _____	
Primary Guardian #1 (Enrolling Parent/Guardian)		
Relationship to student: _____	Name: _____	DOB: _____
Address: _____	Cell Phone: _____	
Home Phone: _____	Work Phone: _____	
Where Employed: _____	Email Address: _____	
Occupation: _____	Primary Guardian #2	
Relationship to student: _____	Name: _____	DOB: _____
Address: _____	Cell Phone: _____	
Home Phone: _____	Work Phone: _____	
Where Em Employed: _____	Email Address: _____	
Occupation: _____		

FAMILY INFORMATION

Parents are: Living Together Separated Divorced Single
Child lives with: Both Parents Mother Only Father Only Grandparents Guardian
 Father/Stepmother Mother/Stepfather Relative Foster Parent

Other: _____
(Please be specific)
WHO IS LEGALLY RESPONSIBLE FOR CHILD: _____

Please list other students names that reside with you and are attending Woodbridge School District:
1. _____
2. _____
3. _____
4. _____
5. _____

EMERGENCY INFORMATION

If parents/guardians cannot be reached, who should be contacted in case of an emergency:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

ADDITIONAL REQUIRED INFORMATION

- Does your child currently receive Special Services? YES or NO If Yes, please check the services:
Speech _____ IEP _____ 504 Plan _____ Reading _____ ESL/ELL _____ Other: _____
 If your child is NOT currently receiving Special Services, has he/she ever received services? Please list services and date dismissed. _____
- Has your student ever been Expelled or in the process of Expulsion? YES or NO If YES, please explain: _____
- Is your student currently on any Academic, Attendance or Disciplinary Contract? YES or NO If YES, please explain: _____

I/We verify that I/We are enrolling our student in the Woodbridge School District and I/We certify that all the information I/We have given on the enrollment form is true and accurate.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____



Delaware McKinney-Vento Student Residency Questionnaire

This Student Residency Questionnaire is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: _____ D.O.B.: _____ Grade: _____ Male Female

Name of Current School: _____ Name of Last School: _____

Is your current address a temporary living arrangement? Yes No

If you answered 'YES', please complete all questions on this form.

If you answered 'No', you may stop here. You do not need to complete this form.

1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)

Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

Other (please specify): _____

In a motel, hotel, campground or similar setting due to: (check one)

Lack of alternative adequate accommodations,

Explain: _____

A convenient living arrangement or waiting for apartment or house to be ready

Other (please specify): _____

In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting

None of the above

2. How long do you anticipate living at this location? _____

3. The student lives with:

Parent(s) or legal guardians(s)

Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

Alone with no adults

4. Please list the name and ages of any children living with you that you have guardianship of:

A. _____ C. _____

B. _____ D. _____

I am the parent/legal guardian of _____, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: _____

Signature: _____ Date: _____ Email: _____

Address: _____

Phone Number with Area Code: _____ Emergency contact Phone Number with Area Code: _____